

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL033008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/08/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GARRISON MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1414 SPRINGFIELD ROAD ROCKY MOUNT, NC 27801</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  The Adult Care Licensure Section conducted an Annual Survey 12/8/15.	C 000		
C 202	<p>10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination</p> <p>10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 1 out of 3 sampled residents (Resident #1) received their 2nd-step TB skin test, and the facility failed to ensure 1 out of 3 sampled residents (Resident #2) were tested for Tuberculosis upon admission to facility and received a 2nd-step TB skin test.</p> <p>The findings are:</p> <p>1. Review of Resident #1's current FL-2 dated 9/22/15 revealed an admission date of 9/22/15.</p> <p>Review of Resident #1's TB skin tests revealed: -One step was placed on 9/22/15 and read as negative on 9/25/15. -No other evidence of a TB skin test prior to 9/25/15 was provided. -No evidence of a 2nd-step TB skin test was</p>	C 202		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL033008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/08/2015</b>
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C 202	<p>Continued From page 1</p> <p>provided.</p> <p>Interview with the Administrator on 12/8/15 at 3PM revealed:</p> <ul style="list-style-type: none"> <li>-The Administrator's policy for admission of residents was to hold the previous facility accountable for the 1st step TB skin test before she would accept that resident and she would be responsible for the 2nd step TB skin-test.</li> <li>-The Administrator was certain she did not require Resident #1 to get a 2nd-step TB skin test.</li> <li>-The Administrator could not give an explanation of how this step was missed other than it was just an oversight.</li> <li>-The Administrator was going to start over with 2-step TB skin testing for Resident #1.</li> </ul> <p>2. Review of Resident #2's current FL-2 dated 8/2/15 revealed an admission date of 10/25/15.</p> <p>Review of Resident #2's TB skin tests revealed:</p> <ul style="list-style-type: none"> <li>-One step was placed on 9/4/09 and read as negative on 9/6/09.</li> <li>-No evidence of a TB skin test upon admission to the facility was provided.</li> <li>-No evidence of a 2nd-step TB skin test was provided.</li> </ul> <p>Interview with the Administrator on 12/8/15 at 3PM revealed:</p> <ul style="list-style-type: none"> <li>-Resident #2 came from an assisted living facility.</li> <li>-The Administrator could not give an explanation of how this step was missed other than it was just an oversight.</li> <li>-The Administrator was going to start over with a 2-step for Resident #2.</li> </ul>	C 202		